

P.O. BOX 5369 116 N.W. 16TH AVENUE GAINESVILLE, FL 32627-5369

(352) 376-2661 FAX (352) 376-2791

www.flapest.com

Date:

12/07/2020 Name of applicator

James Parker

Product Used: Active Ingredient: % Concentration

Premise: Imidacloprid: 0.05%



SCIENTIFIC PEST CONTROL DIRECTED BY GRADUATE ENTOMOLOGISTS

Complete Pest Control Service Member Florida & National Pest Control Associations

Reply: 536 SE Baya Dr Lake City, FL 32025 Phone (386) 752-1703 Fax (386) 752-0171

F-018695 Mike Wood 1448 Old Mill Drive Lake City,FI. 32055

TERMITE	TREATMENT CERTIFICATION
Owner:	Permit Number:
Mike Wood	
Lot:	Block:
Subdivision:	Street Address:
Cir.	1448 Old Mill Drive
City:	County:
Lake City	Columbia
General Contractor:	Area Treated:
Plumb Level Construction	Dwelling

Time:

JE55238

755

Applicator ID Number:

Number of gallons used:

Method of termite prevention treatment: Soil treatment

The building has received a complete treatment for the prevention of subterranean termites.

Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services.

This form is proof of complete treatment for Certificate of Occupancy or Closing.

THIS IS PROOF OF WARRANTY

Warranty and Treatment Certifications Have Reen Issued

Date:
,
10/
12/4/2020

BRANCHES:

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525 (exp. 09/30/2022)

This form is completed by the licensed Pest Control Company

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

		1004, 11114, 01 971.
All contracts for services are between the Pest	Control company and builder,	unless stated otherwise.
Section 1: General Information (Pest Control	Company Information)	
Company Name: FLORIDA PEST CONT	ROL& CHEMICAL CO	
Company Address 536 SE BAYA DR.	City LAKE CITY State FLO	PRIDA_ Zip 32025
Company Business License No. 3460		Company Phone No. <u>386-752-1703</u>
FHA/VA Case No. (if any)		
Section 2: Builder Information		
Company Name Plumb Level Construction		Phone No. 386-792-4061
Section 3: Property Information		
Location of Structure (s) Treated (Street Ad	dress or Legal Description, Cit	ty, State and Zip)1448 Old Mill Drive Lake City,Fl. 32055
Section 4: Service Information		
Date(s) of Service(s) 12/07/2020 Type of Construction (More than one box may be	e checked) Slab	Basement Crawl Other
Check all that apply:		
A. Soil Applied Liquid Termiticide		
Brand Name of Termiticide: Premise Precor	struction EPA Registratio	on No. 432-1331
Approx. Dilution (%): 0.10% Approx.		T
B. Wood Applied Liquid Termiticide	P P P P P P P P P P P P P P P P P P P	Yes No
Donat I Maria C. T. Maria	egistration No.	
	Sallons Mix Applied:	
C. Bait system Installed	rations wix Applied.	
Name of System	EDAD - 1 4 C N	
	EPA Registration No.	Number of Stations installed
D. Physical Barrier System Installed		
Name of System	Attach installation informat	ion (required)
Service Agreement Available? Yes No Note: Some state laws require service agreement	s to be issued. This form does	not preempt state law.
Attachments (List)		
Comments		
lame of Applicator(s) James Parker		Certification No. (if required by State law) JE55238
he applicator has used a product in accordance vegulations.	with the product label and state	e requirements. All materials and methods used comply with state and federal
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uthorized Signature		Date /2/9/2020
larning: HUD will prosecute false claims and statements	s. Conviction may result in criminal	and/or civil penalties. (18 U.S.C. 1001, 1010. 1012; 31 U.S.C. 3729, 3802)